U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT Office of Management and Budget No. 1215-0188

Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.									
For Official Use Only 1. FILE NUMBE	R 2. PERIOD	COVERED MO DAY	YEAR	filed report, check		1			
(NGT) SEP 02002 0 2 9	- 1 1 4 From	0 % % %	2 0 0 1	(b) TERMINAL — If y terminal report, se	your organization ceased to exist and this is ee Section XII of the instructions and check	its here:			
MISMILE	Through	0 6 3 0	2 0 0 2	(c) SUBSIDIARY — I	If this is a report for a subsidiary organization fined in Section X of the instructions, check h	n of nere:			
		8. MAILING ADDF	RESS (Type or pr	int in capital letters.)					
IMPORTANT	First Name HOWARD								
Peel off the address label from the bar and place it here.	Last Name WILLIA MS								
If the label information is correct, leave Items	s 4 through 8 blank.	—							
If any of the label information is incorrect, co	mplete Items 4	P.O. Box • Building and Room Number (if any)							
through 8.	4_0_7	407 BELVIE DR 470							
		Number and Stree							
4. AFFILIATION OR ORGANIZATION NAME CARPENTERS AFL CIO		470 Flint Hill Rd							
	6. DESIGNATION NUMBER	City							
LOCAL 7. UNIT NAME (if any)	8222	MOUNT AIRY CQNQ							
7. UNII NAME (IT any)	State V9 ZIP Code + 4 3 17								
 Are your organization's records kept at its mailing add (If "No," provide address in Item 56.) 	Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes X No				N-C 2 7 0 3 0 -				
56. ADDITIONAL INFORMATION (If more space is need	ded, attach additional pages p	properly identified.)							
Item Number									
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained									
in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)									
57. SIGNED: Simonal Ze	SIDENT 58. ther title.	SIGNED:	<u></u>	TREA:	SURER er title.				
09/25/02 ()		instructions.)	912	51021		structions.)			
Date Telepi	hone Number		Date		Telephone Number				

 During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in Section X of the instructions? 11. Create or participate in the administration of a 	Yes No	19. How many members did your organization have at the end of the reporting period? 1 1 0 20. What is the maximum amount recoverable under your organization's
trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	х	fidelity bond for a loss caused by any officer or employee of your organization? 5 0 0 0
12. Have a political action committee (PAC) fund?	x	21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than
Acquire or dispose of any goods or property in any manner other than by purchase or sale?	x	rates of dues and fees) or in practices/ procedures listed in the instructions?
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	x	attach two new dated copies. If practices/ procedures have changed, see the instructions.)
15. Discover any loss or shortage of funds or other property?	x .	22. What is the date of your organization's next regular election of officers? 23. What are your organization's rates of dues and fees?
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	x	(Enter a minimum and maximum if more than one rate applies for any line.) Rates of Dues and Fees
Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?	x	(a) Regular Dues/Fees \$\frac{25.00}{\text{per month}} \text{(Month, Year, etc.)} \text{\$}
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?	x	(c) Transfer Fees \$
(If the answer to any of the above questions is "Yes," provide in Item 56 on page 1 as explained in the instructions for each		(d) Work Permits \$ per(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER:

Gross Salary Allowances (List all persons who held office during the reporting period even if (A) Name they received no salary or other disbursements. Use all capital letters.) (before taxes and and Other other deductions) Status Disbursements Total (C)* (D) (E) (F) (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.) Last Name 1 6 1 0 1. AL LEN B E R N A R D 1 6 1 0 Title P RESIDENT Status C Last Name J O H N S O N DWIGHT 1 0 5 0 0 5 0 Title V T C E P RE SID EN T Status C Last Name First Name B U N N TERRY 1 1 0 0 1 0 0 Title C ORP O RATE S E C R E T ΑR Last Name First Name WI LLI AM S HOW ARD 2 5 0.5 2 5 0 Status C INANCIAL SEC RE TARY Last Name First Name 5. Title Status First Name Last Name 6. Status Title Last Name First Name 7. Title Status 8. Totals from additional pages (if any) 9. Totals of Lines 1 through 8 10. Less Deductions Item 45 🖒 11. Net Disbursements Enter the Total from Line 11 in 265 (If any officer was not elected at a regular election in accordance with *Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N. your organization's constitution and bylaws, explain in Item 56 on page 1.)

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Ente	r An	nounts in Dollars On	ly — Do Not Enter C	ents		FILE NUMBER:	<u> </u>
	ltem	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
ES.	25.	Cash	2 1 9 0	5 2 7	32. Accounts Payable	0	0
5	26.	Loans Receivable	0	0	33. Loans Payable	o	0
ETS AND LIABIL	27.	U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
ANI	28.	Investments	0	0	35. Other Liabilities	0	0
SETS	29.	Fixed Assets	4 7 3 7	4 7 3 7	36. TOTAL LIABILITIES	0	0
AS	30.	Other Assets	0	0			
	31.	TOTAL ASSETS	6 9 2 7	5 2 6 4	37. NET ASSETS (Item 31 less Item 36)	6 9 2 7	5 2 6 4
	CASH RECEIPTS		AMOUNT	CASH DISBURSEMENTS		AMOUNT	
S	38.	Dues		8 9 4 8	45. To Officers (from Item 24)	6 2 6 5

	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT	
	Item		Item		
STATEMENT B PTS AND DISBURSEMENTS	38. Dues	8 9 4 8	45. To Officers (from Item 24)	6 2 6 5	
	39. Per Capita Tax	0	46. To Employees (less deductions)	0	
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	1 194	
	41. Interest & Dividends	0	48. Office & Administrative Expense	2 8 0 5	
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	3 5 1	
	43. Other Receipts	0	50. Benefits	0	
	44. TOTAL RECEIPTS	8 9 5 2	51. Contributions, Gifts & Grants	0	
ECE			52. Purchase of Investments & Fixed Assets	0	
œ	If total receipts reported in Item 44 a or more, your organization must file	53. Loans Made	0		
	instead of this form.		54. Other Disbursements	0	
			55. TOTAL DISBURSEMENTS	1 0 6 1 5	

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